

Foster Family Home - Corrective Action Report

Provider ID: 1-090070

Home Name: Gina Mauricio, CNA

Review ID: 1-090070-7

1652 Kalauipo Street

Reviewer: David Ayling

Pearl City

HI 96782

Begin Date: 10/21/2019

Foster Family Home

Required Certificate

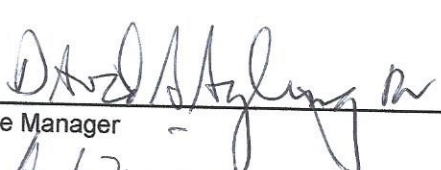
[11-800-6]

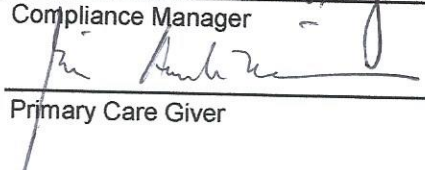
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 10/21/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

10/21/19
Date

10/21/19
Date